

**METROPOLITAN GOVERNMENT of NASHVILLE and DAVIDSON COUNTY TENNESSEE**

**Metropolitan Health Department  
Pollution Control Division  
311 - 23rd Avenue North  
Nashville, Tennessee 37203  
Telephone: (615) 340-5653  
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**PART 70 OPERATING PERMIT APPLICATION  
STATIONARY GAS TURBINE OR INTERNAL COMBUSTION ENGINE**

1. Facility Name: _____					
2. Emission source number, description and applicable source classification code(s): _____ _____					
3. Manufacturer and Model Number: _____				4. Stack Number: _____	
5. Date of installation or last modification of equipment: _____					
6. Rated heat input capacity and horsepower: Million BTU/Hr: _____ Horsepower: _____ State which heating value _____ Higher heating value _____ Lower heating value				7. If equipment is gas turbine, list type: _____ Simple Cycle _____ Regenerative Cycle _____ Combined Cycle	
8. Fuel usage rate used to calculate potential emissions reported on Form APC V.28 through V.31:					
Type of Fuel	Annual Quantity	Units	Fuel Status	Sulfur Content % By Weight	Nitrogen Content Turbines Only % By Weight
9. Maximum operating schedule: Hours per day: _____ Hours per year: _____					
10. For NSPS Turbines Only:					
A. Manufacturer's rated heat rate input at manufacturer's rated peak load: _____ (Kilojoules per Watt Hour), or actual measured heat rate input based on lower heating value of the fuel as measured at actual peak load: _____ (Kilojoules per Watt Hour); and					
B. Is this turbine equipped with a device to measure and monitor fuel consumption and the water to fuel ratio? <span style="float:right">No</span> Yes _____ If yes, please describe: _____					
11. Is this source equipped with air pollution control equipment for the purpose of achieving compliance with an applicable requirement? Yes: _____ No: _____ If yes, attach the appropriate air pollution control equipment form(s) APC V.11 through V.27.					
12. Are this source's emissions or operations monitored to demonstrate compliance with an applicable requirement? <span style="float:right">No</span> Yes _____ If yes, please attach the appropriate monitoring forms V.19 through V.27.					
13. Is this source subject to 40 CFR Part 64 - Enhanced Monitoring Program? Yes _____ No _____ If yes, please identify the stack or fugitive release point(s) to be monitored for this purpose: _____					
14. Page No.:		Revision No.:		Date of Revision:   _____	

## **INSTRUCTIONS FOR APC FORM V.5:**

### **STATIONARY GAS TURBINE OR INTERNAL COMBUSTION ENGINE**

Sources that are required to obtain a permit in accordance with Regulation No. 13, "Part 70 Operating Permit Program" of the Code of the Metropolitan Government of Nashville and Davidson County, Tennessee, must complete and return this form, if applicable. Applications are incomplete unless all applicable information requested herein is supplied. Failure to supply any additional information requested by the Director to enable him to act on the application may result in denial of this application. If there is additional information that will not fit on a form, please declare the information on additional sheet(s) and attach it to the back of the original.

#### **COMPLETE ONE FORM FOR EACH STATIONARY GAS TURBINE OR STATIONARY INTERNAL COMBUSTION ENGINE LOCATED AT THIS FACILITY.**

- Item 2** Give a brief description of the stationary gas turbine or internal combustion engine and assign a unique identification number to this piece of equipment. This identification number should also appear on any other forms relating to this piece of equipment. If the piece of equipment is a gas turbine, state whether or not the equipment is subject to 40 CFR Subpart GG.
- Item 3** List the manufacturer and the manufacturer's model number for this piece of equipment.
- Item 4** Assign a stack number to the stack associated with this piece of equipment.
- Item 5** Record the year of installation or modification of each piece of equipment.
- Item 6** List the maximum heat input rate and horsepower of each piece of equipment. Denote whether the higher or lower heating value of the fuel is used to determine the heat input. Note, for gas turbines subject to the NSPS for gas turbines (see Item 2) use the lower heating value. For all other equipment use the higher heating value.
- Item 7** Indicate the type of gas turbine, if applicable.
- Item 8\*** Complete the table for all fuels presently in use, plus all fuels desired for use in future operating scenarios and indicate the fuel status (i.e., Primary, Standby No. 1, Standby No. 2, etc.). Provide any additional information needed to define alternative operating scenarios or define permit terms and conditions allowing emissions trading under a federally-enforceable emissions cap to be established in the permit.
- Item 9\*** Indicate the maximum operating schedules to be allowed in the operating permit.
- Item 10** If the equipment is a gas turbine that is subject to the NSPS for gas turbines, list either the rated or measured heat rate for the turbine. Please describe any type of monitoring equipment used to monitor fuel consumption and the water to fuel ratio.
- Item 13** Indicate whether or not this source is subject to 40 CFR Part 64 - Enhanced Monitoring Program. If the answer is yes, please indicate which stack(s) or fugitive release point(s) will require monitoring and indicate which pollutant(s) requires monitoring.
- Item 14** Page number must be filled in. Revision number and date of revision are to be filled in only if the information on this form is being revised.

**\*Items 8 and 9 must reflect the information used to calculate the potential emission rates projected on Forms APC V.28 through APC V.31.**

**IF ANY ITEM ON THIS APPLICATION FORM IS NOT APPLICABLE TO THIS FACILITY,  
THE ITEM MUST BE FILLED IN WITH "NOT APPLICABLE" OR "N/A".**